



New Jersey Department of Environmental Protection
Bureau of Water System Engineering
Mail Code 401-04Q
P.O. Box #420
401 East State Street
Trenton, New Jersey 08625
Tel # 609-292-2957 – Fax #609-633-1495

**REVISED TOTAL COLIFORM RULE (RTCR)
LEVEL 2 CORRECTIVE ACTIONS COMPLETION CERTIFICATION**
Pursuant to 40 CFR 141.861(a)(3)

This form must be submitted to the Bureau of Water System Engineering within fourteen (14) days of completing all state approved corrective actions following a RTCR Triggering Event.

PWSID#: _____

Water System Name: _____

RTCR Triggering Event Sampling Date: ____ / ____ / ____

☐ E-coli ☐ Chronic Total Coliform

Corrective Actions Completion Date: ____ / ____ / ____

Corrective Actions Description:

I (We) hereby certify that the Level 2 Assessment Corrective Actions Completion items listed in the (____ / ____ / ____) NJDEP Level 2 Assessment-Approval Letter have been completed as applicable and were completed in accordance with corresponding plans, specifications, other supporting information, and applicable regulations.

Owner: _____
(Signature) (Print Name) (Phone Number)

Date: ____ / ____ / ____

State Approved Party (check box below):

- ☐ Water System Operator
☐ Professional Engineer
☐ Well Driller
☐ Pump Installer

Approved Party: _____
(Signature) (Print Name) (Phone Number)

Date: ____ / ____ / ____